

**KENTUCKY SOIL AND WATER CONSERVATION COMMISSION**  
**Department for Natural Resources**  
**Division of Conservation**  
**Frankfort, Kentucky**

\_\_\_\_\_ COUNTY CONSERVATION DISTRICT

**SCORE SHEET FOR MASTER CONSERVATIONIST AWARD**

NAME \_\_\_\_\_

NUMBER OF ACRES IN FARM \_\_\_\_\_

DATE OF LATEST FARM PLAN \_\_\_\_\_ TYPE OF PLAN \_\_\_\_\_

**LAND CLASSES AND THEIR PRESENT USE**

CLASS I  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

CLASS II  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

CLASS III  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

CLASS IV  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

CLASS V  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

CLASS VI  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

CLASS VII  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

CLASS VIII  
PRESENT USE: \_\_\_\_\_ NO. OF ACRES \_\_\_\_\_

**PERCENT OF NEEDED IMPROVED PRACTICES COMPLETED**

**(do not score items not applicable to farm needs)**

**% Completed According to Needs**

- |   |       |
|---|-------|
| 1. Land Used According to its Capability  | _____ |
| 2. Soil Tested  | _____ |
| 3. Fertilizer and Lime Applied  | _____ |
| 4. Row Crops Contoured  | _____ |
| 5. Adaptable Rotations Used   | _____ |
| 6. Winter Cover Crops Established<br>(Based on previous season if necessary)                              | _____ |
| 7. Land Terraced  | _____ |
| 8. Diversion Ditches Constructed  | _____ |
| 9. Drainage Systems Established   | _____ |
| 10. Water Disposal Areas Developed  | _____ |
| 11. Adequate Water Supply Provided  | _____ |
| 12. Pastures Mowed  | _____ |
| 13. Adaptable Seeding Mixtures Used in Meadows and Pastures   | _____ |
| 14. Balanced Livestock Program Used   | _____ |
| 15. Wildlife Areas Developed  | _____ |
| 16. Woodland Management Practiced<br>(Selected Cutting, Fire Protection, Reforestation, No Grazing, etc.) | _____ |
| 17. Idle Land Reclaimed   | _____ |

**Average Percent Completed On All Adaptable Practices**

\_\_\_\_\_

**In order to qualify for the Award, 90% needed practices must be completed.**

**Date of Inspection:** \_\_\_\_\_

**This must be approved by at least two of these agencies in addition to the Member of the Board Of Supervisors.**

\_\_\_\_\_  
**Member of Board of Supervisors**

\_\_\_\_\_  
**FSA Representative**

\_\_\_\_\_  
**Teacher, Voc. Ag.**

\_\_\_\_\_  
**NRCS Representative**

\_\_\_\_\_  
**UK CES County Agent**